

QUARTERLY REPORT OF DAMAGED UNDERGROUND FACILITIES

of

name of operator

address

()
telephone #

to the

BOARD OF PUBLIC UTILITIES of the STATE OF NEW JERSEY

For Period Ending

MARCH 31 ____ JUNE 30 ____ SEPTEMBER 30 ____ DECEMBER 31 ____ YEAR: ____

I, _____
name

the _____
official title

of the _____
name of operator

do hereby certify that the within report consisting of this sheet and any supplementary sheet(s) has been prepared under my direction, that I have examined the said report and to the best of my knowledge and belief the information contained herein is a correct report of all damage done to the operators underground facilities.

Signature

Date of Report: _____

NOTE: This report is due within 30 calendar days of the end of quarter.

TYPE OF UNDERGROUND FACILITY OPERATED:

Sheet _____ of _____

(CHECK ALL APPLICABLE FACILITIES)

ELECTRIC POWER DISTRIBUTION & TRANSMISSION _____ MUNICIPAL ELECTRIC SYSTEM _____ CABLE TELEVISION _____
 GAS DISTRIBUTION & TRANSMISSION _____ OIL DISTRIBUTION & TRANSMISSION _____ SLURRY SYSTEMS _____
 DANGEROUS MATERIAL, PRODUCT LINES, STEAM LINES _____ TELEPHONE AND TELECOMMUNICATIONS _____
 POLICE & FIRE COMMUNICATIONS _____ WATER _____ SEWER LINES, FORCED _____ TRAFFIC CONTROL _____
 TOTAL NUMBER OF REQUESTS FOR MARK-OUT RECEIVED BY OPERATOR: FOR CURRENT QUARTER _____ YEAR TO DATE _____
 TOTAL NUMBER OF DAMAGED FACILITIES: FOR CURRENT QUARTER _____ YEAR TO DATE _____

DETAILS OF DAMAGED FACILITIES

EXCAVATOR NAME, ADDRESS & ZIP CODE	DATE OF INCIDENT	LOCATION	DESCRIPTION OF DAMAGE	NY ONE CALL #	DID OPERATOR DO MARK-OUT YES - NO	NAME WITH EXCAVATOR DISCOVERED DAMAGE	EXCAVATOR CAUSED DAMAGE
1.							
2.							
3.							
4.							
5.							
6.							

ATTACH ADDITIONAL
FORMS IF NECESSARY

MAIL TO: SECRETARY, BOARD OF PUBLIC UTILITIES
 TWO GATEWAY CENTER
 NEWARK, NJ 07102